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ABSTRACT

The effective social worker or family counselor delivering health care services to the American Indian community will focus on the strengths rather than the weaknesses of the community and will recognize and use existing natural helping systems. The American Indian family network, for example, is unique in Western society and contains a variety of natural helping groups. Tribal ceremonies, medicine men, spiritual leaders, interpretation of individual dreams and visions, and the Indian's attunement with nature are all available for therapeutic use. The self-help group is probably the best model to use in mobilizing the helping systems inherent in the Indian community. The group may consist of various family members; of people united by a common problem, such as alcoholism; or of a network of neighbors, friends, and relatives. The group should follow a task-centered approach rather than a rational or cathartic approach; and the therapist should act as a facilitator, helping the group develop its own problem-solving style. The professional must be aware of the need for new, still-to-be-discovered techniques for counseling American Indian families. (JH)

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HEALTH CARE DELIVERY SYSTEMS TO AMERICAN INDIAN FAMILIES: A PLEA FOR CULTURALLY RELEVANT TREATMENT MODALITIES

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INTRODUCTION

HEALTH CARE DELIVERY SYSTEMS TO AMERICAN INDIAN FAMILIES

"Most of the 200 American Indian Tribes have had a long history of self-reliance and societal concern for their people. However, in the 20th century the governmental policies concerning health care delivery services continue to disregard the natural helping systems that have held the Indian People together. These programs have largely resulted from a multitude of studies on all American Indians by non-Indians, ranging from the early anthropological investigations to modern sociological studies. Most of these studies have methodically reminded the American Indians of all of their weakness and pathological tendencies by accentuating the weakness and ignoring the strengths. Although many of these program were and are beneficial to the American Indians, many others have failed because the program designers and administrators did not sufficiently understand tribal community cultures, attitudes of the American Indians, or the physical and emotional needs of those within the reservation."[1]

As one approaches the topic of working with American Indian families, one becomes aware that our Western knowledge may not be effective. In other words, maybe we don't have enough knowledge about the problem to work on a solution.

In order to work with American Indians, whether individual or on a reservation, one must understand the cultural component of the target population. With that thought in mind, this paper is not focused on an empirical framework, but on a descriptive one which will enable us to make

assumptions regarding American Indian families.

In discussing American Indian families, three distinct lifestyles appear to emerge: (1) a traditional group which overtly adheres to culturally defined styles of living; (2) a non-traditional, bicultural group, which appears to have adopted many aspects of non-American Indian styles of living; and, (3) a paratraditional group, which overtly struggles to redefine and reconfirm previously lost cultural styles of living.[2]

Another important characteristic of the American Indian family is that American Indian family networks assume a structure, which is different from other extended family units in Western society. The accepted structural boundary of the European model, for example, is the household. Thus, an extended family is defined as three generations within a single household unit. American Indian family network, however, are structurally open, and assume a village type characteristic. "Their extension is inclusive of several households representing significant relatives along both vertical and horizontal lines." [3]

Assuming that you know the theoretical foundations of your field, I will approach this problem from a descriptive standpoint rather than from a theoretical or empirical one. First, I will discuss the Indian family as part of the community. Next, I will look a self-help groups with families in a cultural context. Last I will consider the counseling of individual American Indian families.

PART I: COMMUNITY LIFE: A VITAL NETWORK OF LIFE AND NATURAL HELPING SYSTEMS

The community, especially to the American Indians, is the vehicle for traditional norms and values. It has been pushed, shoved and buffeted by outside forces. One of those forces has been unwanted and unneeded--heath care services. Although given for the right reasons, the health care services have inadvertently subverted the natural helping systems of the American Indians. The manner of administering health care to the American Indian community has been antithetical to life style and values. With this separation from the natural helping system, the American Indian has developed a deep inferiority complex with accompanying resentment toward the white people.

In order to deliver health care services, whether family counseling or any other form, it is necessary to establish linkages with natural helping systems already present in the community. Since the success of any health care service is dependent on client utilization, the design of the health care service must reflect the values and additudes of the people it will serve.

To understand a culture, one must first understand those individuals who live that culture. For many years, Indians have been unwilling to share many facets of their culture, a reluctance due largely to: (1) mistrust of mainstream society; (2) apprehension about being considered 'primitive' and (3) fear that they will be 'asked' to give up those cultural traits. Specifically, they have felt intense pressures to 'assimilate' and, in fact, historically, were often forced to. Now, with the advent of Indian pride more and more aspects of this culture are being shared through all forms of mass media. With opportunities provided by such sharing, innovative

therapist can avail themselves of new insights and find more effective ways to serve the American Indian population. To do so, workers of the majority culture must be willing to discover the strengths in the American Indian value system, even when contradictory to their own, and in addition, to help clients build on those support systems which are unique to an Indian community. In so doing, the family counselor acts from the profession's traditional axiom of building strengths.

One memorable example of establishing a linkage with the community in order to facilitate health care service is the Littlefield family.*

> I received calls from the Catholic Family Services, Lutheran Family Services, and the Juvenile Court requesting assistance in dealing with this family. The family was comprised of husband, wife and six children. Two of the children, 11 and 12 years old, were convicted on six counts of felony, and were being sent to a boys detention center. The counselors who had been working on the case had been unable to get the family to discuss their problems, and had contacted me for advice. Along with their tribal spiritual leader, I made a visit to the family. Without probing into the personal and marital problems of the husband and wife, we talked about the immediate problem of the children who were in trouble with the law. The parents were able to suggest some positive steps in dealing with the children, and eventually with their own problems. After our initial visit, the family was able to relate more easily to the outside health care service with the spiritual leader accompanying them as mediator from the Indian community.

One of the basic tenets of social work is to deal with strengths as opposed to weaknesses. Perhaps in our health care delivery service we have

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*Fictitious names

stressed the pathology and neglected the positive aspects of the Indian community. If given the right tools and opportunities, the American Indian will be able to do what the governmental agencies have failed to do; that is, they can arrange a place for themselves and their customs.

The following quote from the book "Solving the Indian Problem," by Murray L. Wax and Robert W. Buchanan, provides an insight for health care agencies operating within the Indian community.

> Underneath all their differences lie identical, unifying instincts, habits, aptitudes and spiritual feelings. Fine qualities are to be observed in almost all Indian groups; artistic cleverness, tenacity, courage, dignity and a decent pride. Under the parochial control of the past, with its effort to make the Indian a white man, these qualities have shown but little. They have come out best where the Indian... has lived his own life."*

PART II: TREATMENT MODALITIES WITH AMERICAN INDIAN FAMILIES WITHIN THEIR CULTURAL FRAMWORK

One important concept for the counselor of Indian families, is that the best route to take in helping solve problems is the indirect route. One such indirect route is the self-help group. The self-help group model is a useful point of departure for consideration of innovative therapeutic methods. Self-help groups have taken a variety of forms, as evident in Alcoholic Annonymous, TOPS, Synanon, Recovery, Inc., and such cultural-identity organizations as the Black Muslims. A basic premise of such groups is that each consists of persons who share a common problem, as

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* Murray L. Wax and Robert W. Buchanan, "Solving the Indian Problem, The White Man's Burdensome Business,' New York, The New York Times Co., 1975, p.51.

well as similar values. A second characteristic generally shared by self-help groups is avoidance of leadership by "helping professionals."

' Borrowing from ' or modifying the self-help group model, the social worker can perhaps best mobilize healing forces already existent in the American Indian culture by working with a group comprised entirely of Indians. The worker need not be--perhaps should not be--an'expert' on the American Indian culture. Rather, he or she can act as a facilitator to bring forth knowledge available among the group members themselves.

Or the group might include the extended community or individuals with similar circumstances, or the group may usefully focus on a shared problem, such as marital difficulties, alcoholism, or psychosis. Some clients can only be reached through their realistic rage at the dehumanizing forces that often do oppress them.

A striking example of this was Malcolm X's remarkable conversion while in prison. As he became acquainted there with the aims of the Balck Muslim movement, he abandoned an arratic life-style to become a disciplined and charismatic leader of the Muslim Movement. Similarly, one finds examples in the Indian movement called AIM. Those leaders met while in prison and thus begun a particular movement within the Indian community.

Here, as in Malcolm X's experience, the self-help group mobilizes a shared spirit of hope and identity, transforming members' sense of helplessness outrage into a commitment to personal and gourp growth. (Example here.)

Another possibility may be the use of the family as a 'ready-made' self-help group. 'Family' may, in this instance, mean the entire primary family or the portion of it appropriate to the client's needs. Or the group might include the extended family, particularly when opinions and influence

of grandparents are highly valued.

Ross Speck has described an even broader approach in his 'network therapy' in which as many as thirty people--neighbors, realtives, friends meet with a team of three therapist-facilitators. Speck, not coincidently, terms his apprach 'tribal.' As facilitators of network or tribal therapy, therapists work to mobilize forces of interest, caring, involvement, and negotiation so as to make the group a creative helping entity. When this task is accomplished, the therapists can withdraw. The group, having developed these capacities, will often continue independently, working not only on the original presenting problem, but on other problems arising from various segments of the group.[4]

Another useful model is "Structural Family Therapy," which Salvador Minuchin developed from his considerable work with Ghetto families, primarly Puerto Rican, Italian, and Black.[5] This approach was designed to meet recurring treatment challenges characteristic of such families, including suspicion of the values and communication modes of majority-culture therapists, and reluctance to pursue longterm therapy. Minuchin observed that families were more likely to respond positively to specific behavioral tasks as a means of change than to therapeutic efforts directed toward rational self-understanding, emotional catharsis, or development of 'dialogical communication.' He found that a humanistic focus upon shared tasks enabled families rapidly to shift their modes of problem-solving efforts.

Availability of family as a therapeutic resource is common to many ethnic groups; the American Indian who has a tribe available possesses

a unique potential resource: tribal ceremonies. A therapist can, for example, time some efforts at promoting insighful awareness to important and positive experiences which result for the client, or group, from a ceremonial happening.

> Ben Dancewell is a 34-year old full-blooded Cheyenne/ Arapahoe who was medically diagnosed as an alcoholic. He is married and has four children. He is an excellent dancer and has won several contests.
>
> Timing of his therapy was unique in that it was held after the ceremonial dances.
>
> The dances served Ben in a number of therapeutic ways: 1) he ventilated his feelings; 2) he experiences identity and pride in his culture; 3) being with other Indians gave him a strong sense of 'belonging'; 4) as he danced, other Indians gave him both oral and mental support, thus forming for him a unique support syste; 5) in danceing he felt an enhanced altruism.
>
> With this experience and with these feelings, he was'particularly ready' for therapy. In attendance was his entire priamry family, as well as his parents. During weekly sessions he began to express his pride in being an Indian and to ventilate his feelings of inferiority while in the majority culture. After several weeks of such expression and use of his extended family for support, his drinking diminished and he was able to hold a job.*

A variation on this technique can occur when a client reports an individual power-revealing experience in his life.

> Joe Nighthawk, a severely depressed 21-year-old full-blooded Cherokee, came to his therapist one day in great excitment. A nighthawk, sacred bird of the Cherokees, had been found in his backyard, and he had nursed it back to health. To him this was indeed a good omen. Instead of passing the incident off as pure superstition, the therapist stated that he was pleased because, with the appearance of the omen, improvement in all areas of Joe's life might appear. He added that perhaps this sign meant Joe should use the positive forces and strengths in his life to cope. Joe appeared very encouraged and elated when he left the office.

If the social worker appreciates the American Indian's attunement with nature, therapeutic use can be made of both positive and negative forces reported by client in his personal dialogue with the vast and varied world

* Cases are drawn from author's experience as a psychiatric social worker. Fictitious names are being used.

of nature. Directions and conflicts which emerge in the client's awareness can be clarified through such appreciation. Sometimes the worker can help the client assess both meaning and potential actions derived from such an event.

At other times, the worker will encourage the client to make use of a sorcerer or medicine man able to deal with such phenomena in ways unavailable to the helping professional. The therapist may at times work in collaboration with the religious leader, or they may work independently.

> Ben Brown, a 35-year-old full-blooded Creek, came to the Public Health Service clinic with numerous complaints, including nausea, vomiting, and trembling. After checking him medically, the doctors suggested that his illness was psychosomatic.
>
> Mrs. Brown, speaking privately with the therapist, suggested that a curse had been put on her husband and only the religious leader could cure him. The therapist concurred with her request to 'use' the medicine man.
>
> Ben met with the medicine man weekly. No information concerning Ben's curse was shared with the therapist or any member of the family. Psychosomatic manifestations began to diminish, and Ben returned to his job and family.

Dreams and visions are an important vehicle for revelation of power forces. (Description of Power forces). It is essential that a worker appreciate the American Indian's way of perceiving such occurances. In contrast to believers in Freudian theory, which holds that dreams reflect intrapsychic conflict, the American Indian commonly views a dream or vision as prophetic.

> An Indian widow, very depressed over her husband's death, reported a dream in which he came back to her as a bird. In her husband's voice, the bird said that he was in a better place now and waiting for her to join him. He added that she must

> be strong for the grandchildren. After discussing the dream, she seemed happier and relieved about her future. The therapist expressed confidence in the dream's message but not attempt to interpret it. Such a dream needs no interpretation for an Indian person--its meaning is quite clear.

Of critical importance in the owrker's use of power forces, dreams and visions is his or her own attitude towards them.

An unaccepting or paternalistic stance towards 'superstitions' will quickly destroy whatever power of influence the American Indian client may have granted to the worker. It is for this reason that the Don Juan experience of Castaneda can be so illuminating for the Anglo worker.

In addition to genuine acceptance of the meaningfulness of such power forces for the Indian client, the Anglo worker's effectiveness will be enhanced by an appreciation of the personal wariness of the latter. A friendly, rather neurtrally social stance, somewhat akin to welcoming a guest into one's home, is likely to be the most useful personal style to characterize the worker. To imply that one 'really understands' American Indian family, because of reading or past experience is likely to result in a quick and sure turn-off. The task-centered approach to treatment might be useful because it does require a humanistic-working relationship.[6] In addition, the worker may best convey new or alternative ideas, or actions for problem-solving through use of analogies, mataphores, parable-like stories, or sharing of his own life experiences.

It need hardly be said that opportunities to make effective use of natural family groupings, tribal ceremonies, and/or medicine men, are virtually eliminated by institutionalization of the American Indian client. Where it cannot be avoided--as in involuntary imprisonment--use of American Indian groups would seem a most effective approach.

PART III: DIRECT FAMILY COUNSELING

In view of the close-knit family structure of Native Americans, along with the cultural emphasis to keep family matters inside the family, it is doubtful that many social workers will have the opportunity to render family counseling services. In the event that a Native American family does seek the worker's help, the family worker should be reminded that the traditional role of active and manipulative go-between must be tempered so that family members can deal with their problems at their own pace. Equally important is the worker's awareness of and respect for the resilience of Native American families, bolstered in crisis by the extended family system.

If the family therapist selects an approach in which reason--rational thinking--is the primary tool for change, difficulty may arise with the Indian family who relies primarily on intuitive feelings to solve problems. The Freudian approach, for example, emphasizes understanding the cause-effect of relationships. William Glasser and Albert Ellis utilize reason in appraising the individual's current situation, values, belief system, and possible changes.

Other widely and effectively used approaches, such as Gestalt, psychodrama, and encounter groups flounder, not on the shoals of reason, but of timing. After years of cultural conditioning to control one's emotions, the Indian cannot comfortably reverse the process at the quickened pace characteristic of these methods. Therapists who use such methods will find themselves 'losing' many American Indian families, for whom emphasis upon awareness, ventilating, and catharsis is either absurd or frightening.

Quickened pace in general may be dysfunctional in work with Indian clients. The worker's impatience or style of speed may not allow the American Indian family to voice their problems in their own way. It thus does not allow for an approach to the complexity of the problem, the client's attitude toward

it, and method of solution. The Navaho people say that "problem-solving in old ways was often accomplished by talking it through. The older people still regard this as a valuable way of working through a problem. Often (each individual involved), one by one, will give his views. This takes time, sometimes hours, but taking time to listen, having patience, is valued, appreciated, and held important."[7]

And, finally, the therapist's personal style will be critical to success or failure. The overly active, talkative, "helpful" therapist will probably fail to engage the Indian client; the passive, aloof, and detached therapist is equally unlikely to be successful. The most effective worker will be the one who comes across as being very unassuming in a humanistic way. The techniques most likely to succeed are not the confrontation techniques, such as the psychoanalytic approach, or the introspective or integrative approach which rely on reason, but "techniques that focus on the client--that is, techniques based on restating, clarifying, summarizing, reflecting and emphasizing. These may help a worker relate to the client who sometimes needs a new perspective to resolve his problem.[8]

IV. CONCLUSION

It is essential then for the family counselor to know the American Indian community and build on its strengths before attempting to work with the Indian people. Second, the family counselor must recognize and utilize the natural helping system inherent in the Indian community. And third, new counseling techniques must be developed for working with American Indian families.

Rollo May, in his book, The Courage to Create, states that creative courage "...is the most important kind of courage of all. Whereas moral courage is the righting of wrongs, creative courage, in contrast, is in the discovering of new forms, new symbols, new patterns on which a new society can be built.

Every profession can and does require some creative courage. In our day, technology and engineering, diplomacy, business and certainly teaching: all of these professions, and scores of others, are in the midst of radical change and require courageous persons to appreciate and direct this change. The need for creative courage is in direct proportion to the degree of change the profession is undergoing."[9] To really aid the Native American family, one must have creative courage.

FOOTNOTES

[1]Gerald Denis, Proceedings of the 1977 Medical Social Consultants Annual Meeting, "Health Care Delivery to Meet the Changing Needs of the American Family," 1977, p. 51.

[2]Applied Behavioral Science, National Institute for Applied Behavioral Science, Special Issue, Self-Help Groups, Volume 12, No. 3, 1976.

[3]Murray L. Wax and Robert Buchannan, Editors, "Solving the Indian Problem, The White Man's Burdensome Business", A New York Times Book, New Viewpoints, A Division of Franklin Watts, Inc., New York, 1975 p. 24.

[4]Andrew Ferber, Marilyn Mendelsohn and August Napier, "The Book of Family Therapy," Science House, Inc. 1972, p. 638.

[5]Salvador Minuchin, "Families and Family Therapy," Harvard University Press, Cambridge, Mass., 1974.

[6]B. Reid, L. Epstien "Task-Centered Casework, Columbia University Press, New York, 1972.

[7]Kathryn Pollaca, Navaho Times, Sept. 8, 1966. p.9.

[8]R. Lewis, M. Ho, "Social Work with Native Americans," Social Work, Vol. 20, No. 5, Sept. 1975.

[9]Rollo May, "The Courage to Create," New York: Bantam 1976, p.14-15.

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